

Alabama Voluntary Disciplinary Alternative Program (VDAP)

Eligibility Questionnaire

Mailing Address

Attn: VDAP

Alabama Board of Nursing

P O Box 303900

Montgomery AL 36130-3900

Telephone: **(334) 293-5228**

Name: _____

Address: _____

(City, State, Zip)

License No.: _____

Telephone: _____

2nd Telephone: _____

E-Mail Address: _____

There are criteria a nurse must meet to be admitted to the Voluntary Disciplinary Alternative Program (VDAP). Please review the eligibility criteria, as well as the causes for denial, posted on the ABN website.

If you believe you meet the criteria and wish to be considered for the program, please complete this questionnaire and mail to the address listed above.

ONE OR BOTH of these two questions MUST be answered "YES" for you to be eligible for the program. Please circle your answers.

YES NO Are you addicted to or abusing drugs/alcohol to the extent that your ability to practice nursing safely is currently or could potentially be affected?

YES NO Are you suffering from a mental condition or physical condition to the extent that your ability to practice nursing safely is currently or could potentially be affected?

Answer ALL remaining questions and please provide additional explanations as necessary.

YES NO Are you either (1) an RN or LPN with an active Alabama nursing license or (2) an applicant for licensure by endorsement OR an applicant for licensure by examination and a temporary permit?

YES NO Do you voluntarily request to participate in VDAP?

YES NO Has your nursing license been disciplined by a Board of Nursing in ANY State or jurisdiction, including Alabama?

YES NO Have you been terminated from an alternative to discipline/peer assistance program in any State or jurisdiction, including Alabama?

YES NO Do you agree to participate in the evaluation and treatment of your condition/disease process, and release any and all needed information to the Board?

YES NO Do you agree to cease nursing practice until (1) your Board-recognized treatment provider notifies Board staff, in writing, you are safe to return to nursing practice, AND (2) you have signed your VDAP Agreement for monitoring?

- YES NO Do you agree to acknowledge, in writing, the extent of your drug/alcohol use and/or your disease process and agree, in writing, to the terms of VDAP?
- YES NO Did your drug/alcohol use and/or your disease process cause harm to any patient?
- YES NO Do you have **any** felony convictions?
- YES NO Have you ever been arrested and/or charged with **any** alcohol or drug related matter?
- YES NO Do you currently have any open, unresolved, or pending cases in **any** court system with felony charges?
- YES NO Do you have **any** convictions (felony or misdemeanor) related to the sale or distribution of controlled substances?
- YES NO Have you ever been placed in deferred prosecution, drug court, pled nolo contendere (no contest) or had any convictions expunged from your record upon completion of court requirements?
- YES NO Did any of your drug activities involve the sale or distribution of drugs OR diversion of drugs from the workplace for purposes OTHER than self-administration?
- YES NO Have you ever been investigated by a Board of Nursing in any State or jurisdiction, or are you CURRENTLY under investigation by any Board of Nursing in any State or jurisdiction, including Alabama?

Your responses are an indication of your interest and eligibility, and, by signing this form, you are confirming that your answers are true and correct; please note that your signature on this form does NOT constitute admission to the program.

Signature

Print Name

Date